

CHUKA

UNIVERSITY



UNIVERSITY EXAMINATIONS

**EXAMINATION FOR THE AWARD OF DEGREE OF BACHELOR OF
SCIENCE IN NURSING (UPGRADING)**

NURU 283: MIDWIFERY III

STREAMS: BSc. Nursing (Upgrading)

TIME: 2 HOURS

DAY/DATE: MONDAY 27/09/2021

8.30 A.M. – 10.30 A.M.

INSTRUCTIONS:

All questions are compulsory

1. A postpartum mother was in labour for 30 hours and had ruptured membranes for 24 hours. For which of the following would the nurse be alert?
 - A. Endometritis
 - B. Endometriosis
 - C. Salpingitis
 - D. Pelvic thrombophlebitis
2. Forty-eight hours after delivery, the nurse in charge plans discharge teaching for the client about infant care. By this time, the nurse expects that the phase of postpartum psychological adaptation the client would be in would be termed which of the following?
 - A. Taking in
 - B. Letting in
 - C. Taking hold
 - D. Resolution

3. The nurse plans to instruct the postpartum client about methods to prevent breast engorgement. Which of the following measures would the nurse include in the teaching plan?
 - A. Feeding the neonate a maximum of 5 minutes per side on the first day.
 - B. Wearing a supportive brassiere with nipple shields.
 - C. Breastfeeding the neonate at frequent intervals
 - D. Decreasing fluid intake for the first 24 to 48 hours
4. When the nurse on duty accidentally bumps the bassinet, the neonate throws out its arms, hands opened, and begins to cry. The nurse interprets this reaction as indicative of which of the following reflexes?
 - A. Startle reflex
 - B. Babinski reflex
 - C. Grasping reflex
 - D. Tonic neck reflex
5. After 3 days of breastfeeding, a postpartum patient reports nipple soreness. To relieve her discomfort, the nurse should suggest that she:
 - A. Apply warm compress to her nipples just before feeding.
 - B. Lubricate her nipples with expressed milk before feeding.
 - C. Dry her nipples with soft towel after feeding.
 - D. Apply soap directly to her nipples after feeding.
6. Normal lochial findings in the first 24 hours post-delivery include:
 - A. Bright red blood
 - B. Large clots or tissue fragments
 - C. A foul odor
 - D. The complete absence of lochia
7. Which of the following would be inappropriate to assess in a mother who's breastfeeding?
 - A. The attachment of the baby to the breast.
 - B. The mother's comfort level with positioning the baby.
 - C. Audible swallowing.
 - D. The baby's lips smacking.

8. The nurse in charge is caring for a postpartum client who a vaginal delivery with a midline episiotomy, which nursing diagnosis takes priority for this client?
 - A. Risk for deficient fluid volume related to hemorrhage.
 - B. Risk for infection related to the type of delivery.
 - C. Pain related to the type of incision.
 - D. Urinary retention related to periurethral edema.
9. Which change would the nurse identify as a progressive physiological change in the postpartum period?
 - A. Lactation
 - B. Lochia
 - C. Uterine involution
 - D. Diuresis
10. While assessing a primipara during the immediate postpartum period, the nurse in charge plans to use both hands to assess the client's fundus to:
 - A. Prevent uterine inversion.
 - B. Promote uterine involution
 - C. Hasten the puerperium period.
 - D. Determine the size of the fundus.
11. While making a visit to the home of a postpartum woman 1 week after birth, the nurse would recognize that the woman would characteristically:
 - A. Express a strong need to review the events and her behavior during the process of labor and birth.
 - B. Exhibit a reduced attention span, limiting readiness to learn.
 - C. Vacillate between the desire to have her own nurturing needs met and the need to take charge of her own care and that of her newborn.
 - D. Have reestablished her role as a spouse or partner.
12. The nurse is teaching care of the newborn to a childbirth preparation class and describes the need for administering antibiotic ointment into the eyes of the newborn. An expectant father asks, "What type of disease causes infections in babies that can be prevented buy using this ointment?" Which response by the nurse is accurate?
 - A. Herpes

- B. Trichomonas
 - C. Gonorrhea
 - D. Syphilis
13. A new mother is having trouble breastfeeding her newborn. The child is making frantic rooting motions and will not grasp the nipple. Which intervention should the nurse implement?
- A. Encourage frequent use of a pacifier so that the infant becomes accustomed to sucking.
 - B. Hold the infant's head firmly against the breast until he latches onto the nipple.
 - C. Encourage the mother to stop feeding for a few minutes and comfort the infant.
 - D. Provide a formula for the infant until he becomes calm, and then offer the breast again.
14. Which statement made by the client indicates that the mother understands the limitations of breastfeeding her newborn?
- A. "Breastfeeding my infant consistently every 3 to 4 hours stops ovulation and my period."
 - B. "Breastfeeding my baby immediately after drinking alcohol is safer than waiting for the alcohol to clear my breast milk."
 - C. "I can start smoking cigarettes while breastfeeding because it will not affect my breast milk."
 - D. "When I take a warm shower after I breastfeed, it relieves the pain from being engorged between breastfeedings."
15. Which of the following would be a disadvantage of breastfeeding?
- A. Involution occurs more rapidly.
 - B. The incidence of allergies increases due to maternal antibodies.
 - C. The father may resent the infant's demands on the mother's body.
 - D. There is a greater chance for error during preparation.
16. Which of the following actions demonstrates the nurse's understanding of the newborn's thermoregulatory ability?
- A. Placing the newborn under a radiant warmer.
 - B. Suctioning with a bulb syringe.

- C. Obtaining an Apgar score.
 - D. Inspecting the newborn's umbilical cord.
17. Which of the following when present in the urine may cause a reddish stain on the diaper of a newborn?
- A. Mucus
 - B. Uric acid crystals
 - C. Bilirubin
 - D. Excess iron
18. When assessing the newborn's heart rate, which of the following ranges would be considered normal if the newborn were sleeping?
- A. 80 beats per minute
 - B. 100 beats per minute
 - C. 120 beats per minute
 - D. 140 beats per minute
19. Which of the following groups of newborn reflexes below are present at birth and remain unchanged through adulthood?
- A. Blink, cough, rooting and gag
 - B. Blink, cough, sneeze, gag
 - C. Rooting, sneeze, swallowing and cough
 - D. Stepping, blink, cough and sneeze
20. Which of the following is the primary predisposing factor related to mastitis?
- A. Epidemic infection from the primary nosocomial sources localizing in the lactiferous glands and ducts.
 - B. Endemic infection occurring randomly and localizing in the peri glandular connective tissue.
 - C. Temporary urinary retention due to decreased perception of the urge to void.
 - D. Breast injury caused by overdistention, stasis, and cracking of the nipples.
21. Which of the following assessments findings would the nurse expect if the client develops DVT?
- A. Mid calf pain, tenderness, and redness along the vein.
 - B. Chills, fever, malaise, occurring 2 weeks after delivery.

- C. Muscle pain, the presence of Homans sign, and swelling in the affected limb.
 - D. Chills, fever, stiffness, and pain occurring 10 to 14 days after delivery.
22. Which of the following best reflects the frequency of reported postpartum “blues”?
- A. Between 10% and 40% of all new mothers report some form of postpartum blues.
 - B. Between 30% and 50% of all new mothers report some form of postpartum blues.
 - C. Between 50% and 80% of all new mothers report some form of postpartum blues.
 - D. Between 25% and 70% of all new mothers report some form of postpartum blues.
23. For which of the following post partum clients would the nurse expect that an intrauterine device would not be recommended?
- A. Woman over age 35
 - B. Nulliparous woman
 - C. Promiscuous young adult
 - D. Postpartum client immediately after delivery up to 48 hours.
24. The nurse assesses the vital signs of a client, 4 hours’ postpartum that are as follows: BP 90/60; temperature 39°C; pulse 100 weak, thread; R 20 per minute. Which of the following should the nurse do first?
- A. Report the temperature to the physician.
 - B. Recheck the blood pressure with another cuff.
 - C. Assess the uterus for firmness and position.
 - D. Determine the amount of lochia.
25. A postpartum client has a temperature of 40°C, with a uterus that is tender when palpated, remains unusually large, and not descending as normally expected. Which of the following should the nurse assess next?
- A. Lochia
 - B. Breasts
 - C. Incision
 - D. Urine
26. Which of the following is the priority focus of nursing practice with the current early postpartum discharge?
- A. Promoting comfort and restoration of health.
 - B. Exploring the emotional status of the family.

- C. Facilitating safe and effective self and newborn care.
 - D. Teaching about the importance of family planning.
27. A postpartum nurse is preparing to care for a woman who has just delivered a healthy newborn infant. In the immediate postpartum period, the nurse plans to take that woman's vital signs:
- A. Every 30 minutes during the first hour and then every hour for the next two hours.
 - B. Every 15 minutes during the first hour and then every 30 minutes for the next two hours.
 - C. Every hour during for first 2 hour and then every 4 hours.
 - D. Every 5 minutes for the first 30 minutes and then every hour for the next 4 hours.
28. The nurse is assessing a client who is 6 hours post partum after delivering a full-term healthy infant. The client complains to the nurse of feelings of faintness and dizziness. Which of the following nursing actions would be most appropriate?
- A. Obtain hemoglobin and hematocrit levels.
 - B. Instruct the mother to request help when getting out of the bed.
 - C. Elevate the mother's leg
 - D. Inform the nursery room nurse to avoid bringing the newborn infant to the mother until the feelings of lightheadedness and dizziness have subsided.
29. A nurse is preparing to perform a fundal assessment on a postpartum client. The initial nursing action in performing this assessment is which of the following?
- A. Ask the client to turn on her side.
 - B. Ask the client to lie on her back with the knees and legs flat and straight
 - C. Ask the mother to urinate and empty the bladder.
 - D. Massage the fundus gently before determining the level of the fundus.
30. When performing a PP assessment on a client, the nurse notes the presence of clots in the lochia. The nurse examines the clots and notes that they are large than 1 cm. Which of the following nursing actions is most appropriate?
- A. Document the findings
 - B. Notify the physician
 - C. Reassess the client in 2 hours
 - D. Encourage increased intake of fluids.

31. The following are the physiological maternal changes that occur during the PP PERIOD. Which one is correct?
- A. Cervical involution occurs
 - B. Vaginal distention decreases slowly.
 - C. Cardiac output decreases with resultant tachycardia in the first 24 hours.
 - D. Digestive process slow immediately
32. A nurse is developing a plan of care for a PP woman with a small culver hematoma. The nurse includes which specific intervention in the plan during the first 12 hours following the delivery of this client?
- A. Assess vital signs every 4 hours
 - B. Inform health care providers of assessment findings
 - C. Measure fundal height every 4 hours
 - D. Prepare an ice pack for application to the area.
33. A nurse is preparing to assess the uterine fundus of a client in the immediate postpartum period. When the nurse located the fundus, she notes that the uterus feels soft and boggy. Which of the following nursing interventions would be most appropriate initially?
- A. Massage the fundus until is firm
 - B. Elevate the mother's legs
 - C. Push on the uterus to assist in expressing clots
 - D. Encourage the mother to void.
34. A nurse is providing instructions to a mother who has been diagnosed with mastitis. Which of the following statements if made by the mother indicates a need for further teaching?
- A. "I need to take antibiotics, and I should begin to feel better in 24-48 hours."
 - B. "I can use analgesics to assist in alleviating some of the discomfort."
 - C. "I need to wear a supportive bra to relieve the discomfort."
 - D. "I need to stop breastfeeding until this condition resolves".
35. A nurse performs an assessment on a client who is 4 hours PP. The nurse that the client has cool, clammy skin and is restless and excessively thirsty. The nurse prepares immediately to:
- A. Assess for hypovolemia and notify the health care provider team.

- B. Begin hourly pad counts and reassure the client.
 - C. Begin fundal massage and start oxygen by mask.
 - D. Elevate the head of the bed and assess vital signs.
36. A nurse is caring for a postpartum (PP) client with a diagnosis of DVT who is receiving a continuous intravenous infusion of heparin sodium. Which of the following laboratory results will the nurse specifically review to determine in an effective and appropriate dose of the heparin is being delivered?
- A. Prothrombin time
 - B. International normalized ratio
 - C. Activated partial thromboplastin time
 - D. Platelet count
37. Which of the following factors might result in a decreased supply of breastmilk in a postpartum (PP) mother?
- A. Supplemental feedings with formula
 - B. Maternal diet high in vitamin C
 - C. An alcoholic drink
 - D. Frequent feeding
38. Which of the following findings would be expected when assessing the postpartum client?
- A. Fundus 1cm above the umbilicus 1 hour postpartum
 - B. Fundus 1 cm above the umbilicus on a postpartum day 3
 - C. Fundus palpable in the abdomen at 2 weeks postpartum.
 - D. Fundus slight to the right; 2 cm above umbilicus on postpartum day 2
39. On which of the postpartum days can the client expect lochia serosa?
- A. Days 3 and 4 PP
 - B. Days 3 to 10 pp
 - C. Days 10-14 pp
 - D. Days 14 to 44 pp
40. Which of the following complications is the most likely responsible for a delayed postpartum hemorrhage?
- A. Uterine subinvolution

- B. Clotting deficiency
 - C. Perineal laceration
 - D. Cervical laceration
41. Which of the following physiological responses is considered normal in the early postpartum period?
- A. Urinary urgency and dysuria
 - B. Rapid diuresis
 - C. Decrease in blood pressure
 - D. Increase motility of the GI system
42. A nurse in the newborn nursery is monitoring a preterm newborn infant for respiratory distress syndrome. Which assessment signs if noted in the newborn infant would alert the nurse to the possibility of this syndrome?
- A. A. Hypotension and Bradycardia
 - B. Tachypnea and retractions
 - C. Acrocyanosis and grunting
 - D. The presence of a barrel chest with grunting
43. A nurse in a newborn nursery in a newborn nursery is performing an assessment of a newborn infant. The nurse is preparing to measure the head circumference of the infant. The nurse would most appropriately:
- A. Wrap the tape measure around the infant's head and measure just above the eyebrows.
 - B. Place the tape measure under the infant's head at the base of the skull and wrap around to the front just above the eyes.
 - C. Place the tape measure under the infant's head, wrap around the occiput, and measure just above the eyes.
 - D. Place the tape measure at the back of the infant's head, wrap around across the ears, and measure across the infant's mouth.
44. A postpartum nurse is providing instructions to the mother of a newborn infant with hyperbilirubinemia who is being breastfed. The nurse provides which most appropriate instructions to the mother?
- A. Switch to bottle-feeding the baby for 2 weeks.

- B. Stop the breastfeeding and switch to bottle-feeding permanently
 - C. Feed the newborn infant less frequently
 - D. Continue to breastfeed every 2-4 hours.
45. A nurse on the newborn nursery floor is caring for a neonate. On assessment the infant is exhibiting signs of cyanosis, tachypnea, nasal flaring, and grunting. Respiratory distress syndrome is diagnosed, and the physician prescribes surfactant replacement therapy. The nurse would prepare to administer this therapy by:
- A. Subcutaneous injection
 - B. Intravenous injection
 - C. Instillation of the preparation into the lungs through an endotracheal tube
 - D. Intramuscular injection
46. A nurse prepares to administer a vitamin K injection to a newborn infant. The mother asks the nurse why her infant needs the injection. The best response by the nurse would be:
- A. "Your infant needs vitamin K to develop immunity."
 - B. "Vitamin K will protect your infant from having jaundice."
 - C. "Newborn infants are deficient in vitamin K, and this injection prevents your infant from abnormal bleeding."
 - D. "Newborn infants have sterile bowels, and vitamin K promotes the growth of bacteria in the bowel."
47. A nursing instructor asks a nursing student to describe the procedure for administering erythromycin ointment into the eyes of a neonate. The instructor determines that the student needs to research this procedure further in the student states:
- A. "I will cleanse the neonate's eyes before instilling ointment."
 - B. "I will flush the eyes after instilling the ointment."
 - C. "I will instill the eye ointment into each of the neonate's conjunctival sacs within one hour after birth."
 - D. "Administration of the eye ointment may be delayed until an hour or so after birth so that eye contact and parent-infant attachment and bonding can occur."
48. The nurse is aware that a healthy newborns' respirations are:
- A. Regular, abdominal, 40-50 per minute, deep

- B. Irregular, abdominal. 30-60 per minute, shallow
 - C. Irregular, initiated by chest wall, 30-60 per minute, deep
 - D. Regular, initiated by the chest wall, 40-60 per minute, shallow
49. A client with group AB blood whose husband has group O has just given birth. The major sign of ABO incompatibility in the neonate is which complication of test result?
- A. Negative Coombs test
 - B. Bleeding from the nose and ear
 - C. Jaundice after the first 24 hours of life
 - D. Jaundice within the first 24 hour of life
50. The services given to the mother at six weeks post-natal visit include: -
- A. Immunization of baby only
 - B. Postnatal check-up for the mother
 - C. Health education on weaning diet
 - D. Postnatal examination and baby immunization
51. The placenta has two membranes, the fetal side is called
- A. Amnion
 - B. Chorion
 - C. Mesoderm
 - D. Endoderm
52. The main factors that bring about the involution of the uterus is:
- A. Autolysis
 - B. Lochia loss
 - C. Hormonal influence
 - D. Post-partum influence
53. Ambulation during puerperium aids in the following: -
- A. Creating a good mother and baby relationship, physical strength is regained
 - B. Drainage of lochia, pelvic floor muscles regain their tone
 - C. Healing of the episiotomy and perineal laceration, production of milk
 - D. Involution of uterus, production of milk
54. The congenital malformation of the central nervous system usually checked at the back during the first examination of a newborn are;

- A. Anencephaly, myelomeningocele, microcephally
 - B. Spina bifida, hydrocephaly, anencephaly
 - C. Meningocele, encephalocele, microcephally
 - D. Myelomeningocele, spina bifida, meningocele
55. A complication in intrauterine contraceptive device (IUD) insertion is
- A. Uterine synechiae
 - B. Uterine perforations
 - C. Asherman's syndrome
 - D. Vaginal candidiasis
56. Which hormone stimulates the production of milk?
- A. Prolactin
 - B. Oxytocin
 - C. Estrogen
 - D. Progesterone
57. Factors that predispose to hypothermia in neonates includes: -
- A. Congenital malformations, elective caesarean delivery
 - B. Prematurity, jaundice, precipitate delivery
 - C. Birth trauma, maternal diabetes, convulsions.
 - D. Hypoglycemia, asphyxia, sepsis.
58. When caring for a 3-day-old neonate who is receiving phototherapy to treat jaundice, the nurse in charge would expect to do which of the following?
- A. Turn the neonate every 6 hours
 - B. Encourage the mother to discontinue breastfeeding
 - C. Notify the physician if the skin becomes bronze in color
 - D. Check the vital signs every 2 to 4 hours.
59. Feelings of sadness, hopelessness, or guilt, insomnia, difficulty coping with normal life activities, social avoidance, and anxiety after giving birth are all signs of what?
- A. Post partum psychosis
 - B. Post partum depression
 - C. Post partum stress disorder
 - D. Post partum anxiety

60. How long with the umbilical cord stump generally remain on a newborn?
- A. 2-3 weeks
 - B. 4-7 days
 - C. 1 week
 - D. 4 weeks
61. How long after birth should the newborn pass meconium?
- A. 2-6 hours
 - B. 24 hours
 - C. Within 1 week
 - D. 2-3 days
62. A previously energetic woman complains of crying, loss of appetite, difficult in sleeping, and feeling of low self-worth, beginning approximately 3 days after a normal vaginal delivery. These feelings persisted for approximately 1 week and then progressively diminished. Which of the following is the best term to describe he symptoms postpartum?
- A. Postpartum psychosis
 - B. Manic depression
 - C. Neurosis
 - D. Postpartum blues
63. A mother on lactational amenorrhea should start family planning at how many weeks postpartum:
- A. 6 weeks
 - B. 3 weeks
 - C. 12 weeks
 - D. 1 week
64. Which method of family planning suppress lactation if given within 6 moths post partum:
- A. Progesterone only pills
 - B. Combines oral contraceptives
 - C. Inter-uterine device
 - D. Emergency pills
65. The following are the predisposing factors for postpartum uterine atony except:

- A. Pre-eclampsia
 - B. Oxytocin-induced labour
 - C. Hydramnios
 - D. Multiple pregnancies
66. After a full-term normal delivery patient went into shock. Most probable cause is:
- A. Inversion of uterus
 - B. Postpartum hemorrhage
 - C. Amniotic fluid embolism
 - D. Eclampsia
67. Physiological changes on cervix after delivery include:
- A. Internal os is closed to less than one finger by the 2nd week of the puerperium
 - B. Internal os is dilated and effaced few hours after birth
 - C. It is soft and shortened
 - D. It returns to its original form but not elasticity
68. Which one of the following is not true about physiological changes in puerperium I cardiovascular system:
- A. There is a marked increase in peripheral vascular resistance due to the removal of the low-pressure uteroplacental circulatory shunt.
 - B. The cardiac output and plasma volume gradually return to normal during the first two weeks of puerperium.
 - C. Plasma volume decreases; blood clotting factors and platelet count rise after delivery
 - D. There is marked decreased in peripheral resistance at weeks post partum.
69. Which of the following is not following is not true on hormonal influence on lactation:
- A. The drop in estrogen level after delivery initiates lactation
 - B. Suckling stimulated the release of prolactin and oxytocin
 - C. Colostrum is secreted by the second day after delivery; it contains protein, fat, minerals, and secretory IgA.
 - D. The colostrum is replaced by milk after about 1 to 2 days after delivery.
70. Sheehan syndrome is a complication of:
- A. Postpartum haemorrhage

- B. Deep venous thrombosis
 - C. Puerperal sepsis
 - D. Puerperal psychosis
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